

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U- <u>2291</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
Name and address of person filing. Name <u>DANIEL L. CORPUZ</u>	4. Name, file number, and address of labor organization. Name <u>UNITED AUTO WORKERS (U.A.W)</u> <u>LOCAL UNION 136</u> Labor Organization File Number <u>620795</u>
P.O. Box, Bldg., Room No., if any Street <u>14 MAY VALLEY LN.</u> City <u>FENTON</u> State <u>MISSOURI</u> ZIP Code +4 <u>63026</u>	P.O. Box, Building and Room Number, if any Street <u>980 HORAN DR.</u> City <u>FENTON</u> State <u>MISSOURI</u> ZIP Code +4 <u>63026</u>
Position in labor organization. <u>FINANCIAL SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any). Name <u>DAIMLER CHRYSLER</u> <u>ST. LOUIS NORTH PLANT</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. <u>BASEBALL TICKETS</u> 7.b. Amount. <u>\$ 296.00</u>
<u>1050 Dodge DRIVE</u> <u>FENTON</u> <u>MISSOURI</u> ZIP Code +4 <u>63026</u>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Daniel L. Corpuz

On

6-24-2004

Date

636-343-0703

Telephone Number

Trade Name, if any: Appleton, Kretmar, Kelly8 STOLZEP.O. Box, Bldg., Room No., if any SUITE 900Street 8000 MARYLAND AVENUECity CLAYTONState MISSOURI ZIP Code + 4 63105

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

GERALD KRETMAR AND his LAW FIRM
REPRESENT - UAW LOCAL 136

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I - RECEIVED 4 TICKETS 37.00 PER
TICKET TO THE ST. LOUIS CARDINALS
BASEBALL GAMES ON 4-12-04
4 MORE TICKETS AT 37.00 PER TICKET
ON 6-23-04

12.b. Amount. \$ 296.00C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment